

10/066,311

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing  
OR  
☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 1006.F-5816

First Named Inventor Julie Moriarty, et al.

**COMPLETE IF KNOWN**

Application Number 10 / 066,311

Filing Date February 2, 2002

Art Unit

Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Shear-Enhanced Systems and Methods for Removing Waste Materials and Liquids from the Blood

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

02/02/2002

as United States Application Number or PCT International

Application Number 10/066,311

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 385(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

~~XXXXXX~~ Page 1 of 3

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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**Cook, Alex, McFarron, Manzo, Cummings & Mehler, Ltd.**200 West Adams Street, Suite 2850  
Chicago, Illinois 60606-5234

TELEPHONE: (312) 236-8500

FACSIMILE: (312) 236-8176

**FACSIMILE COVER SHEET**

**TO:** Patricia Small  
USPTO

**NUMBER OF PAGES  
(INCLUDING THIS  
TRANSMITTAL  
SHEET):** 2

**FAX:** (703) 748-4272 **PHONE:**

**DATE:** November 19, 2004

**FROM:** Gary W. McFarron, Esq.

**REFERENCE:** Re: Applicant: Julie Moriarty et al.  
Serial No.: 10/088,311  
Filed: February 2, 2002  
Group Art No.: 1723  
Title: Shear-Enhanced Systems and Methods For Removing  
Waste Materials and Liquid From The Blood  
Docket No.: F-5816 (0380-0093)

**MESSAGE:** Per your request, attached is the Declaration (enlarged).

If you experience difficulty receiving this facsimile transmission, or a portion thereof,  
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PTO/RS01 (10-01)  
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DECLARATION — Utility or Design Patent Application			
Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label <input type="checkbox"/> OR <input checked="" type="checkbox"/> Correspondence address below			
Name Bradford R.L. Price, Esq. Baxter Healthcare Corporation - Fenwal Division, RLP-30			
Address P.O. Box 490 - Route 120 & Wilson Road			
City Round Lake	State IL	ZIP 60073	
Country USA	Telephone (847) 270-2632	Fax (847) 270-2658	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any)) Julie		Family Name or Surname Moriarty	
Inventor's Signature		Date	
Residence: City Evanston	State IL	Country US	Citizenship AU
Mailing Address 1205 Michigan Avenue			
City Evanston	State IL	ZIP 60202	Country US
NAME OF SECOND INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any)) Rohit		Family Name or Surname Vishnoi	
Inventor's Signature		Date 11/19/02	
Residence: City Deerfield	State IL	Country US	Citizenship US
Mailing Address 235 Willow Road			
City Deerfield	State IL	ZIP 60015	Country US
<input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/RS02A attached hereto.			

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label		OR <input checked="" type="checkbox"/> Correspondence address below	
Name Bradford R.L. Price, Esq. Baxter Healthcare Corporation - Fenwal Division, RLP-30			
Address P.O. Box 490 - Route 120 & Wilson Road			
City Round Lake	State IL	ZIP 60073	
Country USA	Telephone (847) 270-2832	Fax (847) 270-2858	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned inventor			
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Inventor's Signature		Date	
Residence: City Evanston	State IL	Country US	Citizenship AU
Mailing Address 1205 Michigan Avenue			
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NAME OF SECOND INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned inventor			
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Inventor's Signature		Date	
Residence: City Deerfield	State IL	Country US	Citizenship US
Mailing Address 235 Willow Road			
City Deerfield	State IL	ZIP 60015	Country US
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			

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Please type a plus sign (+) inside this box: ☒

PTO/SB/02A (11-00)

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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Gretchen		Family Name or Surname Kunas	
Inventor's Signature <i>Gretchen Kunas</i>		Date May 15, 2002	
Residence: City Pleasanton	State CA	Country US	Citizenship US
Mailing Address 1134 Mataro Court			
Mailing Address			
City Pleasanton	State CA	ZIP 94568	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
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Mailing Address			
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